|   |   |   |                |                                      |                             |                  |              |                    | Application or Docket Number |         |                               |                        |  |
|---|---|---|----------------|--------------------------------------|-----------------------------|------------------|--------------|--------------------|------------------------------|---------|-------------------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECO<br>Effective October 1, 2003                |   |   |                |                                      |                             |                  |              | 10/788,77/         |                              |         |                               |                        |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |   |   |                |                                      |                             |                  |              | SMALL ENTITY TYPE  |                              |         | OTHER THAN<br>OR SMALL ENTITY |                        |  |
| T   | OTAL CLAIMS   | 3. <u>43</u>                              |                |                                      |                             |                  |              | RATE               | FEE                          | 7       | RATE                          | FEE                    |  |
| FOR   |   |   | NUMBER FILED   |                                      | NUMBER EXTRA                |                  |              | BASIC FE           | E 385.00                     | OR      | BASIC FEE                     | 770.00                 |  |
| TOTAL CHARGEABLE CLAIMS   |   |   | 43 minus 20=   |                                      | • 93                        |                  |              | X\$ 9=             |                              | OR      | X\$18=                        | 414                    |  |
| IN  | DEPENDENT C   | LAIMS                                     | 4 minus 3 =    |                                      | 1                           | 1 .              |              | X43=               |                              | OR      | X86=                          | 8E                     |  |
| MULTIPLE DEPENDENT CLAIM PRESENT  |   |   |                |                                      |                             |                  |              | +145=              |                              | OR      | .+290=                        |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2              |   |   |                |                                      |                             |                  |              | TOTAL              | +                            | OR      | TOTAL                         | 1,270                  |  |
| CLAIMS AS AMENDED - PART II   |   |   |                |                                      |                             |                  |              | •                  | <u> </u>                     |         | OTHER                         |                        |  |
|   | (Column 1) (Column 2) (Column 3)  |   |                |                                      |                             |                  | , · <u>-</u> | SMALL              | ENTITY                       | OR      | SMALL                         | ENTITY                 |  |
| <b>AMENDMENT A</b>  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | ·              | HIGHE<br>NUME<br>PREVIO<br>PAID F    | BER<br>USLY                 | PRESENT<br>EXTRA |              | RATE               | ADDI-<br>TIONAL<br>FEE       |         | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|   | Total   | . 39                                      | Minus          | 5                                    | 13                          | <b>a</b>         |              | X\$ 9=             |                              | OR      | X\$18=                        |                        |  |
|   | Independent   | . 6                                       | Minus          | <u>}</u>                             | 1                           | = /              |              | X43=               |                              | OR      | X86=                          | / .                    |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |   |                |                                      |                             |                  |              | +145=              | 1                            | OR      | +290=                         |                        |  |
| 1, 16,23,36,  |   |   |                |                                      |                             |                  | L            | TOTAL              |                              |         | TOTAL                         |                        |  |
| (Column 1) (Column 2) (Column 3)  |   |   |                |                                      |                             |                  |              |                    |                              |         | ADDIT. FEE                    |                        |  |
| AMENDMENT B   | •   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                | HIGHE<br>NUMB<br>PREVIOUS<br>PAID F  | ER<br>USLY                  | PRESENT<br>EXTRA | ſ            | RATE               | ADDI-<br>TIONAL<br>FEE       |         | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|   | Total   | •   | Minus          | **                                   |                             | =                |              | X\$ 9=             |                              | OR      | X\$18=                        |                        |  |
|   | Independent   | ÷ .                                       | Minus          | ***                                  |                             | =                | r            | X43=               |                              | OR      | X86=                          |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |   |                |                                      |                             |                  | ľ            | +145=              |                              | OR      | +290=                         |                        |  |
|   |   |   |                |                                      |                             |                  | E.           | TOTAL<br>DDIT. FEE |                              | OR      | TOTAL<br>ADDIT, FEE           | •                      |  |
| (Column 1) (Column 2) (Column 3)  |   |   |                |                                      |                             |                  |              |                    |                              | • •     | -DUII. PEEI                   |                        |  |
| MEN   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                | HIGHE<br>NUMBI<br>PREVIOL<br>PAID FI | st :<br>Er<br>J <b>s</b> ly | PRESENT<br>EXTRA | ſ            | RATE               | ADDI-<br>TIONAL<br>FEE       |         | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|   | Total   | •   | Minus          | **                                   |                             | 5                | Γ            | X\$ 9=             |                              | OR      | X\$18=                        |                        |  |
|   | Independent   | •   | Minus          | ***                                  |                             | #                | H            | X43=               |                              | . 1     | X86=                          |                        |  |
| 1   | FIRST PRESE   | NTATION OF MU                             | LTIPLE DEF     | ENDENT (                             | CLAIM                       |                  | 1            |                    |                              | OR      |                               |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |   |   |                |                                      |                             |                  |              |                    |                              | OR      | +290=                         |                        |  |
|   | " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |   |                |                                      |                             |                  |              |                    | OR TOTAL ADDIT. FEE          |         |                               |                        |  |
| T   | he 'Highest Numi  | ber Previously Paid                       | For" (Total or | Independen                           | t) is the                   | highest number   | tound        | in the app         | propriate box                | in colu | mn 1.                         |                        |  |